

WESA ACADEMIC SCHOLARSHIP APPLICATION

APPLICANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ email address: _____

FAMILY INFORMATION:

Father/Guardian Name: _____

Occupation: _____ Employer: _____

Mother/Guardian Name: _____

Occupation: _____ Employer: _____

HIGH SCHOOL INFORMATION: CLASS RANK _____ OUT OF _____

HIGH SCHOOL _____ GPA _____ OUT OF _____

POSITIONS OF RESPONSIBILITY (Peer leader, Student Government): _____

ACADEMIC HONORS _____

CLUBS/ORGANIZATIONS _____

H.S. SOCCER SPORTS/SPORTS AWARDS/ACHIEVMENTS _____

OTHER H.S. SPORTS/SPORTS AWARDS/ACHIEVMENTS _____

WEST END SOCCER ASSOCIATION INFORMATION:

YEARS PLAYED IN WESA _____

CURRENT OR LAST WESA TEAM AND SEASONS PLAYED _____

OTHER WESA TEAM AND SEASONS PLAYED:

COACH	TEAM
_____	_____
_____	_____
_____	_____

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COMMUNITY SERVICE INFORMATION: Please indicate service activity and the number of service hours provided each year through your school and/or Community based volunteer activities.

OTHER INFORMATION (INCLUDING NEED FOR ASSISTANCE):

COLLEGES OR UNIVERSITIES YOU PLAN ON ATTENDING: (Indicate if were recruited and which sport you plan on playing at this college/university)

APPLICANT ESSAY (200 to 300 word total): Define how soccer has prepared you to take your place in a world filled with diverse ethnic, cultural and religious values? Illustrate what you would bring to the diversity of your college community, professional community and world community.

REFERENCES THE SCHOLARSHIP COMMITTEE MAY CONTACT:

	<u>NAME</u>	<u>PHONE</u>
HIGH SCHOOL COUNSELOR	_____	_____
HIGH SCHOOL SOCCER COACH	_____	_____
HIGH SCHOOL COACHES SPORT (_____)	_____	_____
SPORT (_____)	_____	_____
COMMUNITY SVC LEADER	_____	_____

LETTERS FROM THE ABOVE ATTACHED TO THE APPLICATION ARE ENCOURAGED, ALTHOUGH NOT MANDATORY.

PLEASE INCLUDE A COPY OF YOUR HIGH SCHOOL TRANSCRIPT.

Applicant's Signature / date

Parent (Guardian) Signature / date

Return by April 25th to

WESA-Academic Scholarship Committee
P.O. Box 7093
Ewing, NJ 08628